

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022366

FILED JUL 7 1959 Registration District No. 274 Primary Registration District No. 3052 STATE FILE NUMBER 223

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Knob Noster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb. 5 weeks		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDGAR Middle HAROLD Last HELMS				4. DATE OF DEATH Month June Day 28 Year 1959			
5. SEX Male <input type="checkbox"/> White <input type="checkbox"/>	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1893		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.		11. BIRTHPLACE (City and state or country) Blair, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James E. Helms		13b. MOTHER'S MAIDEN NAME Ethel Warrick		14. NAME OF HUSBAND OR WIFE Mrs. Willie Mae Helms			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Willie Mae Helms, Knob Noster, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Repeated episodes of hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abscess of liver						2 weeks	
DUE TO (c) Following Cholecystectomy						1 month	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/26/59 to June 28, 1959 and last saw ^{him} June 28, 1959 Death occurred at 4:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John E. Hanny MD				22b. ADDRESS Sedalia, Missouri		22c. DATE SIGNED 6-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-1-59	23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		23d. LOCATION (City, town, or county) (State) Knob Noster, Missouri		
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri			ADDRESS 6-30-1959		25. DATE RECD. BY LOCAL REG.		
26. REGISTRAR'S SIGNATURE Frances Shelby							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959 AUG 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jimmy S. Huchson*

Licensed Embalmer No. *4082*

P. O. Address *Charlottesville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.